

**Civil Service Commission**  
**Complaint Process**  
**Title II of the Americans with Disabilities Act**

Title II of the Americans with Disabilities Act (the “ADA”) protects qualified individuals with a disability from discrimination on the basis of that disability in the services, programs, or activities of the Michigan Civil Service Commission (the “MCSC”). This notice is posted to inform the public of the provisions of Title II of the ADA and the requirements of the federal ADA regulations.

**Complaint Procedure.** The Civil Service Commission does not discriminate against qualified individuals with a disability in its services, programs, or activities. Also, qualified individuals with a disability are not excluded from participation in or denied the benefits of the services, programs, or activities of the Civil Service Commission. If you have a complaint under Title II of the ADA about the services, programs, or activities of the Civil Service Commission, you are encouraged to file your complaint with the **ADA Coordinator** for the Civil Service Commission:

ADA Coordinator:	Keri Lardie
Office Mail Address:	Civil Service Commission PO Box 30002, Lansing, MI 48909
Phone Number:	(517) 335-0309
FAX Number:	(517) 241-7815
TDD:	(517) 335-0191
E-Mail Address:	LardieK@michigan.gov
Available:	Monday thru Friday, normal business hours

The Civil Service Commission complaint procedure is designed to informally resolve complaints of disability discrimination under Title II of the ADA. To file a complaint, please follow the steps of the Civil Service ADA Complaint procedure (listed on the next page).

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**IMPORTANT NOTES:**

- A. **Employment Complaints.** Title I of the ADA—not Title II—addresses disability discrimination related to **employment issues**, including job application procedures, employment qualification standards, employment testing, hiring, advancement, discharge, employee compensation, job training, and other terms, conditions, and privileges of employment. If you have a complaint regarding any of these employment issues, you should not use this Title II ADA complaint procedure.
- B. **Complaints about Other Departments.** The complaint procedure outlined in this notice is available only for complaints regarding the **Civil Service Commission**. A complaint regarding another department or agency of the State of Michigan must be filed directly with that other department or agency.
- C. **No Waiver.** This policy and complaint procedure is not a waiver of immunity of the State of Michigan or the Civil Service Commission under the Constitution of the United States.

**Civil Service Commission**  
**ADA Title II Complaint Procedure**

**STEP 1. FILL OUT AND DELIVER YOUR COMPLAINT.**

Fill out all of the information requested on the ADA Title II Complaint Form. Then mail or hand deliver the completed form to the ADA Coordinator for the Civil Service Commission. If you need a reasonable accommodation to communicate your complaint, such as an interpreter or an alternative format, list this on your complaint form so that the ADA Coordinator will be able to effectively communicate with you at your meeting. You must file your complaint within **90 calendar days** after the discriminatory action about which you are complaining.

**STEP 2. MEET WITH THE ADA COORDINATOR.**

Within **10 business days** after you file your complaint, the ADA Coordinator will meet with you or contact you by telephone to discuss your complaint.

**STEP 3. RESOLUTION OF YOUR COMPLAINT.**

(A) **Complaint Resolved.** If you and the ADA Coordinator jointly agree to a resolution of your complaint, the ADA Coordinator will put the joint agreement in writing and send it to you. The agreement will generally contain the following items:

- (1) A description of your complaint.
- (2) A summary of the facts.
- (3) A description of the resolution agreed to.
- (4) The timeframe for resolving your complaint.
- (5) An assurance that the MDCS will comply with the specific terms of the agreement.

For this resolution to be effective, you must sign a copy of this agreement and return it to the ADA Coordinator in the time specified.

(B) **Complaint Not Resolved.** If you and the ADA Coordinator cannot resolve your complaint, the ADA Coordinator will send you a notice of that fact. The notice will generally include the following:

- (1) A description of your complaint.
- (2) A summary of any resolution proposed.
- (3) A statement addressing the issues that could not be resolved.

If your complaint is not resolved, you may request a further review of your complaint by the **Michigan Department of Civil Rights**. You should file a request with the Department of Civil Rights within **10 business days** after you receive your notice of non-resolution from the Civil Service ADA Coordinator. Send a copy of your original complaint and the Civil Service non-resolution notice to the Department of Civil Rights.

# **Title II of the Americans with Disabilities Act**

## **COMPLAINT FORM**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant:

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Address:

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City, State and Zip Code:

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Telephone: Home:

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Business:

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Person Making the Complaint:  
(if other than the complainant)

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Address:

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City, State, and Zip Code:

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Telephone: Home:

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Business:

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Department/Agency which you believe has discriminated:

Name:

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Address:

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County:

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City:

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State and Zip Code:

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Telephone Number:

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When did the event occur? Date:

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Describe the event providing the name(s) where possible for the individuals who were involved (use space on page 3 if necessary):

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Has the complaint been filed with the Michigan Department of Civil Rights or the Federal Department of Justice or any other Federal agency or court?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes:

Agency or Court:

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Contact Person:

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Address:

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City, State, and Zip Code:

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Telephone Number:

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Date Filed:

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Do you intend to file with another agency or court?

Yes\_\_\_\_\_ No\_\_\_\_\_

Agency or Court:

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Address:

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City, State and Zip Code:

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Telephone Number:

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Additional space for answers:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:

Keri Lardie  
Office of Human Resources  
PO Box 30002  
Lansing, MI 48909  
Phone: (517) 335-0309  
Fax: (517) 241-7815